DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTIMAL COMPOSITIONS AND METHODS THEREOF FOR TREATING HCV INFECTIONS

	HC	V INFECTIONS	
the specification	n of which		
(check [X] is at one)	tached hereto		
[a] was filed on and was amended on (if applicable)	as Applicat	tion Serial No.
		understand the contents of the a amended by any amendment reference.	
	ion in any country befo	the invention was ever patented or or our invention thereof or	
		the invention was in public use one year prior to this application.	r on sale in the
information kno Federal Regulat I hereby claim f foreign application	own by me to be materi ions, § 1.56. oreign priority benefits ion(s) for patent or inver- any foreign application	he United States Patent and Trade al to patentability as defined in To under Title 35, United States Contor's certificate listed below and for patent or inventor's certificate priority is claimed:	Citle 37, Code of ode, § 119 of any ad have also
Prior Foreign A	pplication(s)		Priority <u>Claimed</u>
(Number)	(Country)	(Day /Month/Year Filed)	[] [] Yes No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:					
(Application Serial No.)	(Filin	ng Date)			
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or under § 120 and § 365(c) of the same Title of any international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:					
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)			
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)			
As a named inventor, I hereby appoint the following attorneys or agents to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:					
James F. Haley, Jr., Esq Reg. No. 27,794 Andrew S. Marks, Esq Reg. No. 33,259 Ian Robert Silverman - Reg. No. 37,443 Nandakumar Govindaswamy - Ltd. Recognition Andrea L.C. Robidoux - Reg. No. 47,902 Shelby J. Walker - Reg. No. 45,192					
Send correspondence to:	130 Waverly	ARMACEUTICALS INC.			
Direct telephone calls to:	Nandakumar Govinda (617) 4	swamy 144-6619			



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor Pravin Chaturvedi	
First Inventor's signature Pravin R. Chaluer	redi_
	Date Augus f 24, 200 1
Residence United States of America	. 0
Citizenship United States of America	
Post Office Address 27 Jenkins Road	
Andover, MA 01810	
Full name of second joint inventor Ene Ette Second Inventor's signature	8/24/0 i Date
Residence United States of America	
Citizenship Nigeria	
Post Office Address 8 Summer Lane	
Framingham, MA 01701	